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## LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY ANNUAL REPORT FOR BENEFICIAL-USE FACILITIES (Please Refer to the Detailed Instructions)

| 2. Permit Number Agency Interest Number  |     | 1.        | Site Identification Number   | July 1,                                      | _ thru June 30,                            |  |  |  |  |
|--|-----|-----------|--|--|--|--|--|--|--|
| 4. Name of Facility  |     | 2.        | Permit Number  | Agency Interest Number                       |  |  |  |  |  |
| 5. Mailing Address   |     | 3.        | Name of Permit Holder  |  |  |  |  |  |  |
| 6. Contact   |     | 4.        | Name of Facility   |  |  |  |  |  |  |
| 7. SUMMARY OF SOLID WASTE RECEIVED:  (A) (B) (C) Waste Number Wet Weight Tons  Dry Weight Tons  TOTALS:  8. (A) Estimate remaining permitted capacity (expressed in wet-weight tons) (B) Estimated life of facility (expressed in months and based on the permitted capacity of the facility).  9. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.  10. Provide all calculations used to compute quantity (expressed in wet weight tons and dry-weight tons) of solid waste received at the facility.  Signature   |     | 5.        | Mailing Address  | Parish _                                     |  |  |  |  |  |
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| Waste Number  Wet Weight Tons  Dry Weight Tons  Dry Weight Tons  Dry Weight Tons  Dry Weight Tons  Bry Weight Tons  Organized Tons  Dry Weight |     | 7.        |  |  |  |  |  |  |  |
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|  | 10. |           |  | uantity (expressed in wet weight tons and de | ry-weight tons) of solid waste received at |  |  |  |  |
| Name and Title   | Sig | gnature _ |  | Date   |  |  |  |  |  |
|  | Na  | me and T  | Title  |  |  |  |  |  |  |
| Name and Title  Type the name and title of the person signing the form   |     |           | Type the name and title of   | the person signing the form                  |  |  |  |  |  |

This form is to be returned to the Financial Services Division at the following address <u>no later than August 1</u> of each reporting year. Questions regarding the form may be directed to the Financial Services Division at (225) 219-3863.

Financial Services Division Attn: SW Reports Post Office Box 4303 Baton Rouge, LA 70821-4303

9/04 SW-FSD-5

## DETAILED INSTRUCTIONS FOR THE ANNUAL REPORT FOR BENEFICIAL USE FACILITIES

The annual report for beneficial-use facilities covers activities for the period beginning July 1<sup>st</sup> and ending June 30<sup>th</sup> of each year. This report shall be submitted by August 1<sup>st</sup> of each year.

- 1. Identification Number: Indicate the identification number that has been assigned to the site by the Administrative Authority. Also, enter the year in which the report applies.
- 2. Permit Number: Enter the permit number for the facility in which this report applies. <u>Each individual permitted facility is to be reported on a separate form.</u>
- 3. Name of Permit Holder: Enter the name in which the permit has been issued.
- 4. Name of Facility: Enter the name of the facility for which this report applies.
- 5. Mailing Address: Enter the mailing address for the facility, and the parish location.
- 6. Contact: Enter the name of the person knowledgeable of the information submitted on the report and his/her telephone number.
- 7. Summary of solid waste received: Amounts expressed in this report must be done so in wet-weight tons and dry-weight tons/year. No other methods of reporting will be accepted.
  - (A) Waste Number: Enter the seven-digit waste number assigned by the Administrative Authority or the two-digit number that applies.

| 01 | Residential                    | 08 | Underground Storage Tank Corrective |
|----|--------------------------------|----|-------------------------------------|
| 02 | Commercial                     |    | Corrective Action Waste             |
| 03 | Trash                          | 09 | Agricultural Waste                  |
| 04 | Woodwaste                      | 10 | Stable                              |
| 05 | Construction/Demolition Debris | 11 | Infectious Waste                    |
| 06 | Incinerator Ash                | 12 | Friable Asbestos                    |
| 07 | Domestic Sewage Sludge         | 13 | Other, also specify name            |
|    |                                |    |                                     |

- (B) Wet-weight Tons: Enter amounts of waste received by wet-weight tons. Total all wastes received and enter total at the bottom of that column.
- (C) Dry-weight Tons: Enter amounts of waste received by dry-weight tons. Total all wastes received and enter total at the bottom of the column.

If additional sheets are required, please put your identification number and the date on each sheet. Also, add up amount reported on all pages and put the total in the TOTAL box on the <u>first page only.</u>

- 8. Estimate the remaining permitted capacity in wet-weight tons. Estimate the life of the facility in months and based on the permitted capacity of the facility.
- 9. Certification by Signature: The facility's legally authorized representative for the site operations should sign the form. Enter the date, the name and the title of the person signing this form.
- 10. Provide all calculations used to compute quantities of wastes.